From Navigation to Stewardship: Embedding Peer Infrastructure in Viral Hepatitis Care

Authors:
Byrne-King J[1], Gava P[1,2]

[1] Peer Based Harm Reduction WA, [2] Australian Injecting and Illicit Drug Users League (AIVL)

Background/Approach: Peer involvement in viral hepatitis care is frequently positioned as an adjunct to clinician-centred services. Disengagement following diagnosis remains common, particularly among people who inject drugs and in regional communities with higher prevalence of Aboriginal and Torres Strait Islander peoples; due to stigma, fragmented systems and mistrust of mainstream healthcare. Peer-navigators often provide a “soft landing” back into services, providing lived experience, credibility and trust to bridge systems, without being embedded within them. When confined to adjunct functions, peers have limited influence on care pathways. This model was developed to position peers as core infrastructure, not an add-on; strengthening continuity of care while supporting the peer workforce.

Analysis/Argument: The model relocates the clinical service to within a peer-based organisation, reshaping traditional hierarchies. Trained in phlebotomy, FibroScan assessments, point-of-care testing, counselling, and data management, our peer-workers, titled hepatitis C virus (HCV) case-workers, contribute across the entire care cascade, not just at engagement. This redistribution of responsibility reframes peers as integral workforce stewards rather than supportive navigators, with clinical oversight provided from within the organisational structure, rather than dominating it.

Outcome/Results: Case-workers expand clinical reach. Instead of a single clinician; case-workers co-deliver testing, increasing throughput. With average testing times of ~15 minutes per person for initial antibody testing, this model can reach ~16 people within a two-hour outreach compared to ~8 in clinician-only models. Continuity to treatment completion is strengthened through peer-led follow-up and practical assistance. Formalising peer-roles within governance structures supports workforce stability and longevity.

Conclusions/Applications: The innovation lies in the structural repositioning of peers. Embedding peers as integral structural components strengthens engagement, reduces loss to follow-up and enhances workforce sustainability while maintaining clinical standards. This model offers a transferable approach for services seeking to improve linkage to care and disrupt traditional hierarchies within viral hepatitis programs.

Disclosure of Interest Statement: Peer Based Harm Reduction’s health team is funded by the WA Department of Health. The team has also been supported by grants and funding from the WA Mental Health Commission, The Kirby Institute, The Burnet Institute, It’s Your Right campaign, AbbVie and Gilead Sciences.